

ATTACHMENT 1  
Audio & Video Equipment, Services & Accessories

**REQUEST FOR PROPOSAL (RFP)**

**Bid Event Number:**

**EVT0000694**

**Ordering Instructions Form**

Bidder: Midwest Presentations, Inc. / DBA CCS Presentation Systems

Bidder Tax ID Number: 26-3778974

**Ordering Information:**

Please provide the following information about where Customers should direct orders. You **must** provide a regular mailing address and email address. **NOTE: Duplicate as necessary for multiple ordering locations.**

Business Name: CCS Presentation Systems

Federal ID Number: 26-3778974

Contact Name: Brian MacGee

Title: President

Street Address or P.O. Box: 13900 W. 108<sup>th</sup> Street

City, State, Zip: Lenexa, KS 66215

Email Address: bmacgee@ccsprojects.com

Phone Number: 913-948-6666

Toll Free Number: \_\_\_\_\_

Ordering Fax Number: 913-948-6667

**URL for State Website:** www.ccsprojects.com/ks

**Contract Administrator:**

Please identify the person who will be responsible for administering the Contract on your behalf if award is made, and include an emergency contact phone number:

Name: Chris Niemeyer

Title: Vice President, Sales

Street Address: 13900 W. 108<sup>th</sup> Street

E-mail Address: cniemeyer@ccsprojects.com

Phone Number(s): 913-948-6666

Fax Number: 913-948-6667

Emergency Number(s): \_\_\_\_\_

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**Website Contract Administrator:**

Please identify the person who will be responsible for maintaining your State of Kansas Website

Name: Chris Niemeyer\_\_\_\_\_

Title: Vice President, Sales\_\_\_\_\_

Street Address: 13900 W. 108<sup>th</sup> Street\_\_\_\_\_

E-mail Address: cniemeyer@ccsprojects.com\_\_\_\_\_

Phone Number(s): 913-948-6666\_\_\_\_\_

Fax Number: 913-948-6667\_\_\_\_\_

**Quarterly Report Contact:**

Please identify the person to contact with issues regarding quarterly reports.

Name: Chris Niemeyer\_\_\_\_\_

Title: Vice President, Sales\_\_\_\_\_

Street Address: 13900 W. 108<sup>th</sup> Street\_\_\_\_\_

E-mail Address: cniemeyer@ccsprojects.com\_\_\_\_\_

Phone Number(s): 913-948-6666\_\_\_\_\_

Fax Number: 913-948-6667\_\_\_\_\_

**Authorized Servicing Dealer(s):**

Please identify the person(s) who will be responsible to perform warranty repairs and adjustments throughout the Contract Term.

Name: Stan Nice\_\_\_\_\_

Title: Sr. Engineer\_\_\_\_\_

Street Address: 13900 W. 108<sup>th</sup> Street\_\_\_\_\_

E-mail Address: snice@ccsprojects.com\_\_\_\_\_

Phone Number(s): 913-948-6666\_\_\_\_\_

Fax Number: 913-948-6667\_\_\_\_\_